



Arkansas Appraiser Licensing and Certification Board
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201
www.arkansas.gov/alcb
501-296-1843

FOR BOARD USE ONLY
FORM AMC-508
AMC Ltr of Standing Request

Registration # _____
Documents Mailed/By _____

AMC REQUEST FOR A LETTER OF GOOD STANDING

1. Name of Requestor:

Last, First, Middle Initial

2. Signature of Requestor: _____

Date: _____ Telephone Number: _____

3. I hereby request a Letter of Good Standing for the Appraisal Management Company named below:

Company name (AMC)

Registration Number: _____

4. Please mail to:

Last, First, Middle Initial

Mailing Address

City/State/Zip